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Inspection report

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Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 December 2014, 12 and 13 December 2014 and 16 December 2014. After that inspection we received concerns in relation to enough staff being available with the right skills and knowledge to meet people's needs.

As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to the concerns raised. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Acre Residential home on our website at www.cqc.org.uk

At our previous inspection in December 2014 there were 16 people living in the service, some of whom had

behaviours that may harm themselves or others, were cared for in bed or needed end of life care. At this inspection we found that there were only six people living in the service, four of whom were independent and required minimal assistance with their care needs.

Staff were available during the day and at night to people in the right numbers. The rota was planned to meet people's needs, staff absences had been covered and staffing levels were kept under review and could be adjusted if people's needs changed.

Recruitment of new staff continued to follow robust policies to keep people safe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There was sufficient skilled and experienced staff to meet people's needs. People's assessments had been updated, the rota was covered and back-up systems were in place. The manager used safe recruitment procedures.

Cherry Acre Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 April 2015. It was un-announced. The inspection team consisted of one inspector.

We took account of information sent to us by the local authority relating to concerns about the provider maintaining staffing levels.

We talked with one person. We spoke with staff about the care needs of people who lived at the service and staffing levels. This included two care workers, the deputy manager and the provider. We spoke with two care workers on the telephone. We observed the care people were receiving.

Is the service safe?

Our findings

People told us that there were enough staff to meet their needs.

We were responding to information that there were not enough staff to meet people's needs in the daytime and at night. There were concerns that several staff may leave and that the provider would not be able to cover the service with enough staff if this happened. Especially over the Easter weekend.

At our inspection on 4 December 2014 there were 16 people living in the service. At this inspection the numbers had reduced from 16 to six and the provider had not admitted any new people since our last inspection. Although some people at the service were living with dementia, four of the six people living in the service were virtually self-caring and independent.

People's needs had been re-assessed and reviewed. Care plans were individualised and focused on areas of care people needed. Each person had a breakdown of things they did independently and when they needed staff support. This gave an indication of the number of staff needed to meet the total of the hours of support required. Staff rotas showed care staff from the service covered extra hours when staff illness or vacancies occurred. This ensured people had continuity of care from familiar staff. Staff had been deployed with the skills needed to meet people's needs.

The provider told us that staffing levels were kept under review and adjusted according to the dependency levels of people who lived in the service. We saw that there was a system in place to do this. This meant that the provider could identify if more staff were needed.

In addition to the manager or deputy manager there were two staff available to deliver care. At night there were two

staff delivering care. Other duties like cooking and cleaning duties were carried out by staff employed as a cleaner and cook. This meant that care staff were available to deliver care when needed.

During our inspection there were two staff and the provider in the service. The staff rota showed that shifts were covered between 30 March and 26 April 2015. The rota showed that there was a minimum of two staff available to deliver care during the day and at night. The provider and the manager were on call to staff out of hours and during the day to respond to any short notice staff absences. The staff rota for the Easter weekend was fully covered. During our inspection staff were easy to locate and on hand to meet people's needs. We observed that they had time to spend with people and they were not hurried or rushed. Staff had recently undergone additional training in moving and handling people and in first aid. This showed that staff could meet people's needs safely.

Staff absences such as sickness were covered by other staff to reduce the impact on people's care. We disused the possibility of staff leaving based on the information we had received. The staff we spoke with told us they were not planning to leave and that they intended to carry out their shifts as stated on the rota. Staff rotas showed staff from the service covered extra hours when staff illness or vacancies occurred. For example, we saw that one member of staff had not been able to carry out their shift and that this had been covered by other staff. This ensured people had continuity of care from familiar staff.

People continued to be protected from the risk of receiving care from unsuitable staff. One person had been recruited since our last inspection. The manager had followed the provider's recruitment policy, which addressed all of the things they needed to consider when recruiting a new employee. This made sure staff were suitable to work with people who may be at risk.